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COUNTY BOROUGH



OF SOUTHPORT.

REPORT

UPON THE

HEALTH AND SANITARY CONDITION

OF THE

County Borough of Southport,

FOR THE YEAR 1924.



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SOUTHPORT :

J. J. RILEY, "GUARDIAN" OFFICE, 267 LORD STREET.
1925.

NOTIFICATIONS.

It has become necessary to call the attention of the profession to the necessity of a more meticulous observation of the provisions of the various Acts involving Notification.

In the course of a year a number of births are not notified ; and I am of the opinion that a moderate number of cases of Pneumonia, of whatever kind, also escape notification.

Apart from the question of statute law, the duties were imposed in order to enable the Sanitary Authority to take Sanitary action as indicated in the case. In Tuberculosis it is almost constant to have intimation of the disease when this is already far advanced, although no doubt a diagnosis has been made and the patient under medical treatment for a considerable period. I should very much prefer that the error, if any, might take place in the other dimension, and that cases in which there is any element of doubt might be brought to notice at the earliest possible moment. I have to confess that most cases are beyond the recognised first stage for Sanatorium Treatment when we hear of them.

We have had in the last year or two several cases of Diphtheria which had been diagnosed as simple Tonsillitis and treated as such ; these cases have turned out to be of the gravest nature, and deaths have followed, and in other cases the escape has been of the narrowest. I am most anxious to see any sore throat about which any doubt is felt, and will be glad to do so alone or in consultation immediately the case has been brought to my notice.

All of us realise that in Tuberculosis cases the final result of treatment is usually found months after the definite diagnosis is made. I would emphasise the fact that time is of the utmost importance, and that much can be achieved by an active rather than a passive line of treatment. I would appreciate a closer co-operation in dealing with these cases. Little help can be given if tentative and expectant treatment is carried on for some months before claiming the assistance of the Tuberculosis Department. Although even in some Stage III. cases something can be done to alleviate and improve the patient's condition, much more can be effected in dealing with early cases, and all available sources of treatment should be tapped.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE
FOR THE COUNTY BOROUGH OF SOUTHPORT.

REPORT, 1924.

Local
Rates.

Population at Census, 1911	69,643	...	
Do. do. 1921	71,900		
Do. (estimated by Reg. Genl.), middle of 1924.....	73,650		
Area of Borough (Excluding Foreshore, 10,429 acres), acres	8,804		
Birth-rate, per 1,000 living, in 1924	12.90	...	12.93
Death-rate, ,, ,, excluding deaths of visitors		...	13.02
Death-rate, ,, ,, corrected.....	13.66	...	
Gross Death-rate (deaths registered in the Borough) ...	13.26		
Death-rate from seven principal Zymotic Diseases.....	0.15	...	0.15
Deaths of Infants under one year of age per 1,000 births...	63	...	58

GEOLOGY.

The area consists of a bed of blown sand resting on peat, below which lies a bed of laminated blue clay. While the lower strata appear to be undergoing an exceedingly slow subsidence, any loss which might result from that circumstance is much more than made good by the continual accretion of sand derived from the Mersey, and land is rapidly reclaimed on the Foreshore at the expense of the navigable channel. The overlying sand on the East and South borders gradually thins out, exposing a margin of peat within the boundary of the area.

The elevation of the built-upon area varies from about 12ft. to 38ft. above Ordnance Datum. For a detailed analysis of the Geological conditions see "The Evolution of a Coast Line," Wm. Ashton (Stanford).

LOCAL WEATHER DURING 1924.

(Preliminary Report received from the Borough Meteorologist).

The outstanding meteorological feature of 1924 was a record frequency of southerly winds. Naturally, in consequence, the year was very dull, decidedly wet, and fairly warm; while wind-speed was often as low as in 1923 it had been high. The only months that proved noteworthy for trying "cold" winds were February and March. For the year as a whole, currents from all parts of the colder semi-circle were in defect, particularly those from the north and north-west; due northerly winds were of less than normal frequency in every month except February. From mid-spring until July, growth was abnormally profuse and yet healthy, and the gardens and parks have never appeared more beautiful. August was again a disappointing month; but much of the autumn was satisfactory, and December was one of the mildest ever experienced. There have been quite a number of wetter years, and several duller ones, at Southport, since the Fernley Observatory was established in 1871. The very excessive rainfall of 1924 over the country generally did not extend to this district.

TEMPERATURE OF THE AIR.

1924.	Hourly Mean Temperature.	Deviation from Normal.		Absolute Extremes in 1924.			
	o	o	Highest.	Lowest.			
January	40.1	.....	+1.3	.....	50	.....	25
February	39.0	.....	—0.6	.....	49	.....	25
March	39.7	.....	—1.7	.....	59	.....	25
April	44.1	.....	—1.6	.....	60	.....	30
May	52.7	.....	+1.6	.....	73	.....	37
June	56.4	.....	—0.2	.....	74	.....	40
July	59.4	.....	+0.1	.....	82	.....	48
August	57.9	.....	—1.3	.....	71	.....	45
September	56.3	.....	+0.9	.....	69	.....	42
October	51.0	.....	+2.0	.....	69	.....	35
November	45.2	.....	+1.9	.....	55	.....	28
December	45.6	.....	+5.9	.....	56	.....	36
Year	48.9	.....	+0.7	.....	82	.....	25

From the above figures it will be seen that the chief characteristic of the year, in regard to temperature, was general equability, December being the only month exhibiting any striking feature. But all the autumn, and all winter except February, proved milder than usual.

SUNSHINE AND OZONE.

	Duration of Sunshine. Hours.	Deviation from Normal. Hours.	No. of Sunless Days.	Mean Daily Ozone. 0 to 10.
1924.				
January	41.0	..... —2.8	..... 15	..... 2.6
February	65.1	..... —3.2	..... 7	..... 3.8
March	149.7	..... +31.5	..... 5	..... 1.9
April	154.3	.....—15.1	..... 3	..... 3.8
May	177.7	.....—32.2	..... 1	..... 4.1
June	168.7	.....—42.7	..... 1	..... 4.1
July	186.0	.....—19.4	..... 2	..... 3.8
August	150.2	.....—30.7	..... 3	..... 4.0
September	121.0	.....—18.4	..... 1	..... 3.8
October	96.6	..... +0.9	..... 5	..... 2.2
November	54.1	..... —0.6	..... 13	..... 2.6
December	46.0	..... +10.4	..... 9	..... 2.9
Year	1410.4	.....—122.3	..... 65	..... 3.3

Only three months were brighter than is customary, and almost the whole of the year's large shortage of sunshine occurred during the Summer half-year (April to September). As in 1923, no month of the twelve had sunshine on every day. Still, the aggregate deficiency was only about half of that which was experienced in the dullest years of our record.

	RAINFALL.		Number of Days with Rain.	Duration of definite Rainfall. Hours.
	Total Rainfall. Inches.	Deviation from Normal. Inches.		
1924.				
January	2.73	..... +0.09	..... 21	..... 70.4
February	0.78	..... —1.32	..... 11	..... 18.3
March	1.15	..... —1.15	..... 8	..... 27.7
April	1.48	..... —0.35	..... 17	..... 44.0
May	5.22	..... +3.09	..... 26	..... 78.9
June	1.96	..... —0.32	..... 18	..... 58.5
July	4.36	..... +1.37	..... 17	..... 68.3
August	4.48	..... +0.92	..... 22	..... 82.3
September	4.82	..... +1.71	..... 23	..... 78.8
October	4.07	..... +0.31	..... 19	..... 68.1
November	1.55	..... —1.53	..... 13	..... 31.8
December	4.38	..... +1.18	..... 20	..... 75.7
Year	36.98	..... +4.00	..... 215	..... 702.8

The total excess of rainfall was but two-thirds of that of the previous year, and five of the twelve months were drier than usual, while another was practically normal. With the exception of that of May, no month's surplus was noteworthy ; but the run of rainy weather from July to October was very unfortunate. By the Meteorological Office rain gauge, read in millimetres, the year's excess of rainfall is even less than the four inches shown above.

HUMIDITY, AND SUBSOIL WATER LEVEL.

	Humidity of the Air at 9 a.m. % of	Deviation from Normal. % of	Mean Level of Subsoil Water. *	Deviation from Normal.
1924.	Saturation.	Saturation.	Inches.	Inches.
January	92	+4	24.5	—9.6
February	86	—1	27.7	—5.2
March	82	—2	33.2	+0.3
April	82	+3	37.7	+3.3
May	81	+5	39.1	+1.8
June	78	+2	36.2	—5.4
July	78	0	40.9	—4.6
August	84	+4	41.8	—5.8
September	84	+2	39.9	—8.2
October	88	+3	36.4	—10.1
November	89	+1	34.0	—8.5
December	91	+2	33.7	—4.8
Year	85	+2	35.4	—4.7

* Distance below well mouth.

Except during the rather harsh winds of February and March, the atmosphere was generally decidedly damper than usual, and more so even than in the rainier previous year (1923). At all seasons but Spring, the ground water was much above its normal level.

WIND DIRECTION (GROUPED).

	Duration Percentages.				Deviations from Normals.			
	N.E.	S.E.	S.W.	N.W.	N.E.	S.E.	S.W.	N.W.
	& E.	& S.	& W.	& N.	& E.	& S.	& W.	& N.
1924.	%	%	%	%	%	%	%	%
January	10	49	34	7	—2	+15	—5	—8
February	23	15	33	29	+6	—21	+1	+14
March	33	44	13	10	+12	+19	—21	—10
April	22	26	38	14	—1	+6	+4	—9
May	17	30	41	12	—9	+9	+11	—11
June	13	27	42	18	—10	+10	+10	—10
July	14	17	48	21	—1	—2	+9	—6
August	1	23	50	26	—13	+1	+9	+3
September	22	28	38	12	+1	0	+8	—9
October	17	47	27	9	—5	+11	+2	—8
November	21	41	25	13	+3	+8	—5	—6
December	4	61	30	5	—11	+23	—2	—10
Year	16	34	35	15	—2½	+6½	+2	—6

For three successive years now, the main easterly winds of Spring have occurred at an unusually early time ; and in 1924 they were preceded, in mid-February, by forerunners followed by a fortnight of keen northerly ones. During the last nine months of the year either southerly or westerly currents largely predominated, and the excess of these produced the high humidity, and most of the dull weather.

JOSEPH BAXENDELL, F.R.Met.Soc.,
Borough Meteorologist.

POPULATION.

The number of New Houses erected and completed during the year was about 309. The loss by excess of deaths over births was 72. The number of children attending Elementary Schools is practically constant for 5 years if allowance is made for Boys transferred to the Boys' Secondary School.

The Registrar General's estimate for the middle of 1923 was 72,410, and for the middle of 1924 was 73,650, which is adopted as a basis for the rates for 1924.

SOCIAL CONDITIONS.

The population is almost entirely residential, with the necessary ancillary occupations. There is one important motor works.

The extent to which Poor Law Relief and Hospital and other forms of Gratuitous Medical Relief are utilised in the Borough, may be surmised from the following :—

The number of persons in receipt of Out-door Relief during the fourth week of October, 1924, was 743. The amount of Relief expended was £175 16s. 0d.

The numbers treated at the Southport Infirmary during the last two years have been as follows :—

	1923.	1924.
In-Patients—Total treated	1156	1334
Out-Patients—Total treated	3490	3175

Further assistance is given to the poor by the Southport & Birkdale Provident Society, and by the Southport and Birkdale District Nursing Society, though the number of cases dealt with by these Societies is not published.

BIRTH-RATE.

The "Corrected" Births numbered 934, of which 487 were males and 447 females. The resulting Birth-rate is 12.90. This is a reduction compared with the previous year, and conforms with the incidence throughout the country.

Legitimate Births	876
Illegitimate Births	58
	<hr/>
	934

DEATH-RATE.

The "Corrected" Death-rate for 1924, 13.66 per 1,000 per annum, has been attained by applying the Corrected number of Deaths, 1006, to the Registrar-General's Estimate of the population for the middle of the year. namely :—73,650.

The number of deaths actually registered in the Borough and the Borough Infectious Diseases Hospital in Moss Lane was 977, of which 431 were males and 546 females. These figures give a Gross Death-rate of 13.26 per 1,000 of the population.

If, however, from the above 977 deaths are deducted 16 deaths of visitors who came into the town in a precarious state of health, and died after only a short stay here, there remain 961 deaths; from which, by calculation, a "local" death-rate of 13.02 per 1,000 is obtained.

The deaths of persons over 65 numbered 533, being 53 per cent. of the total deaths. The "Corrected" Death-rate, 13.66, may be compared with the average death-rate of 13.40 for the five years 1920 to 1924 inclusive. The "Corrected" rate as given is not the academic "Corrected" Death-rate; it remains to correct it for age and sex, and the factor necessary for that end, it appears, can never be supplied by the Registrar-General. The deaths from Organic Heart Disease and Respiratory Diseases show no striking change. The bad weather experienced in the first 4 months of the year occasioned a somewhat high rate of mortality amongst the aged and infirm, and accounts for the small rise in the Death-rate.

ZYMOTIC DEATH-RATE.

Twelve deaths, due respectively to Measles (3), Whooping Cough (4), Enteric Fever (1), and Diarrhœa (4) gave a corrected Zymotic Death-rate of 0.16 per 1,000. This is a very satisfactory Zymotic Death-rate. Probably some, if not all of the cases of Infantile Diarrhœa were not of an epidemic nature.

TUBERCULOSIS REPORT.

1924.

Cases notified :—

	Pulmonary.	Non-Pulmonary.	Total.
Males	51	18	69
Females	50	16	66
	101	34	135

Of the above, the insured numbered :—

	Pulmonary Insured.	Non-Pulmonary Insured.
Males	29	2
Females	22	2
	51	4

Duplicate notifications excluded.

How dealt with :—

	Pulmonary.			Non-Pulmonary.	
	Males.	Females.		Males.	Females.
Domiciliary	3	4	.....	—	—
Dispensary	15	9	.....	3	2
Institutional	4	4	.....	—	2
Domiciliary and Dispensary	5	4	.....	1	2
Domiciliary and Institutional .....	—	—	.....	—	4
Domiciliary, Dispensary & Institutional	2	3	.....	3	—
Dispensary and Institutional	14	12	.....	5	1
Treated by Private Medical Practitioners	8	14	.....	6	5
Dispensary and Poor Law Institutional	—	—	.....	—	—
Poor Law Institutional .....	—	—	.....	—	—

Number of Patients on Tuberculosis Register on December 31st, 1924 :—

	Pulmonary.		Non-Pulmonary.		Total.
	Males	Females	Males	Females	
Males	133	53	.....	.....	186
Females	116	34	.....	.....	150
Totals	249	87	.....	.....	336

How dealt with :—

	Pulmonary.			Non-Pulmonary.	
	Males.	Females.		Males.	Females.
Domiciliary	10	14	.....	6	4
Dispensary	64	52	.....	22	15
Institutional	2	3	.....	3	—
Domiciliary and Dispensary	8	5	.....	3	1
Domiciliary and Institutional	—	2	.....	—	—
Domiciliary, Dispensary and Institutional	2	3	.....	—	—
Dispensary and Institutional	18	17	.....	9	6
Treated by Private Medical Practitioners	23	19	.....	10	7
Dispensary and Poor Law Institutional	—	—	.....	—	—
Poor Law Institutional	6	1	.....	—	1
Totals	113	116	.....	53	34

SHAFTESBURY ROAD SANATORIUM.

During the year, 65 patients were treated in the Sanatorium. Results of treatment are shown in the following table :—

Stage.	No. of Cases.	Died.	Improved.	Arrested.	I.S.Q.	Worse.
I.	13	0	3	6	4	0
II.	7	0	5	1	1	0
III.	45	16	17	0	8	4
Total*	65	16	25	7	13	4

Of the above, 3 cases were found to be unsuitable for Sanatorium treatment, the complications being Bronchitis and Arthritis Deformans.

* In addition, 1 observation case was transferred to Moss Lane.

The 7 cases “arrested” have maintained their improved condition since discharge. Patients have been received from Dewsbury, Preston, Bolton, and Rochdale.

It will be seen that 69% are in the third stage, when Sanatorium treatment can at the best be expected to result only in improvement, any question of “arrest” of the disease being out of the question.

Much good work has been done by the Honorary Dentist (Mr. W. Findlay, Jr.), and the treatment of Oral Sepsis is one of the most important adjuncts to the open-air treatment.

Autogenous Vaccine treatment has been adopted in certain suitable cases, and is useful in dealing with mixed infection.

DISPENSARY.

Tuberculosis cases :	1st visits	116
	Re-visits	1593
Contacts visited		6402
Contacts examined by Tuberculosis Officer		27
Clinical examinations by Tuberculosis Officer :		
	1st examinations	104
	Re-examinations	515
Clinical examinations by Consulting Officer		47
Pts. seen by Health Visitor at Dispensary		1025
Hours in Dispensary		453
Total visits to Dispensary		1691
Individual patients attending Dispensary		221

EARLY NOTIFICATION OF TUBERCULOSIS.

The notification of Tuberculosis is still unsatisfactory, although there is some slight improvement with respect to the stage at which Pulmonary Tuberculosis is notified. It is still necessary to emphasise the fact that the majority, i.e., 60.51% of notifications, where information as to the stage is given, are in the third stage.

It is not an uncommon experience to have a case notified after the general practitioner has treated the patient for 6 months or a year at home, so that it is frequently only in the last resort that the patient is given the opportunity of consulting the Tuberculosis Department and obtaining Sanatorium or other approved treatment. We know that Sanatorium treatment is not a panacea for all ills and all types of patient, but we very strongly hold the view that if it is to be given a trial, that trial should be given when the case is first diagnosed, not after six or twelve months delay while efforts are being made to patch the case up at home. Disaster for the patient is courted in this way. If Sanatorium treatment is to be successful, it must be early.

As compared with the average of the five preceding years (1919-1923), a smaller percentage of Stage II. cases have been notified and a larger percentage of Stage I. The actual figures are as follows :—

Stage at Date of Notification.	Average for years	
	1919-1923.	1924.
Stage I.	24.23	25.92
Stage II.	16.56	13.58
Stage III.	59.21	60.50

Even this slight improvement gives considerable satisfaction to the Department.

Some cases are not notified at all. The year 1924, far from being an exception to this statement, gives us a figure higher than any during the preceding four years, as the following table will show :—

CASES OF PULMONARY TUBERCULOSIS DYING BEFORE NOTIFICATION.

1920.....	11
1921.....	7
1922.....	9
1923.....	7
1924.....	15

The Tuberculosis Regulations for 1925 tend rather to force the hand of Medical Officers of Health in requiring them to insist upon some explanation of late notifications or failure to notify. The paragraph referred to is quoted :—

“The Minister desires to take this opportunity of impressing upon Local Authorities the responsibility which attaches to them for seeing that the requirements of the Regulations are fully observed

in their districts, and I am to state that where (as in the case of a death certified as due to Tuberculosis of a person who had not previously been notified under the Regulations) there is prima facie evidence of neglect to notify on the part of the medical attendant, immediate steps should be taken by the Local Authority to obtain an explanation from the medical attendant as to the circumstances under which formal notification under the Regulations was not made. If the explanation is not satisfactory, it should be borne in mind that the Local Authority have power to institute proceedings for the recovery of a penalty under Section I. (3) of the Public Health Act, 1896, in cases of wilful neglect or refusal to carry out the Regulations ; and it appears to the Minister that it may even be desirable to proceed to a prosecution in one or two cases of the kind where the circumstances warrant such action in order to secure the objects of the Regulations.”

Action of this kind surely ought to be unnecessary in a place which has so high a quality of general medical practice ; but when we come to hearing of 15 cases of Pulmonary Tuberculosis inside of 12 months only when the deaths are notified, we must no longer delay. Moreover, of all the deaths in 6 years, 67 % took place within six months after notification, which is only partly accounted for by the importation of sick persons.

The Health Committee have resolved that cases of failure to notify shall be taken before the Magistrates.

It will be seen that 62.2 % died within 6 months of notification. This is an astounding figure and would argue that in Southport we have an unusually acute and fatal form of the disease, but this is not so. The explanation is partly that many cases come here as a last hope and are already advanced in the disease when they arrive ; and partly and more particularly, the fact that early notification of the disease has not as yet been adopted.

In 76 cases, a definite arrest of the disease has been obtained, i.e., a complete cessation of symptoms and disappearance of active signs of disease in the lungs. In 14 of these cases, this has been maintained for periods of two years and over, warranting their being placed in the category of cured.

During 1924 seventy-five cases were sent to Sanatorium—50 received treatment in Birkdale and 25 in outside Sanatoria. Of these 25 patients, 21 were sent to Meathop, two to King Edward VII. Sanatorium, one to Delamere, and one to Hygeia Home, Ventnor, with results as follows :—

Arrested	3
Improved	7
In Statu Quo	1
Transferred to Birkdale Hospital	3
Discharged at own request	2
Removed to Asylum	1
Still under treatment on December 31st, 1924-	8

25

221 cases were treated at the Dispensary, 93 solely by the private Practitioner. Of the cases notified in 1924, 39.3 % were not seen by the Tuberculosis Officer.

RESULTS OF TREATMENT.

Of the 568 cases notified as suffering from Pulmonary Tuberculosis during the years 1919-1924, 222 or 39.08 % died. It has been found impossible to obtain a record of the result of treatment in 29.75 % of cases. This is principally due to the fact that many of these patients are visitors in the town and others leave the district. In some cases the disease is treated at home by the Medical Practitioner and so far it has not been found possible to obtain any account of the result.

Result.	Percentage.
Cured	2.47
Arrested	10.92
Improved	8.80
I.S.Q.	5.99
Died	39.08
No record	29.75
Non-Tubercular .....	.99

Of the 222 cases which have died in this period, the following table shows the number in relation to the interval between the notification and the death :—

	Within 1 Month.		Within 3 Months.		Within 6 Months.		Within 12 Mths.		Over 12 Mths.
Number	71	...	43	...	25	...	32	...	51

It will be seen that 139 cases died under 6 months from the date of notification. A criticism of this fact is given elsewhere.

NON-PULMONARY TUBERCULOSIS.

During the six years 1919-1924, 161 cases were notified. The results of treatment in these cases are as follows :—

Cured ...	41
Arrested	25
Improved	20
I.S.Q.	10
Died	51
No record	12
Non-Tubercular	2

The arrangements for the treatment of Surgical Tuberculosis leave much to be desired, and considerable outlay would be required to establish a more or less complete method of handling such cases.

Other Authorities are now affording treatment to the cases involved, whether insured or non-insured, on an extensive scale. We frequently receive applications that the Local Authority should treat the local cases.

The expense involved so far as approved by the Ministry of Health, would be eligible for 50 % grant. Insured persons would have a claim for the treatment as Sanatorium Benefit, if endorsed by the Tuberculosis Officer under the Insurance Acts.

There is a wide distinction between Pulmonary and Surgical Tuberculosis from the point of view of the Sanitary Authority. The former condition is regarded as "open" and infective and therefore very distinctly within the activities of a Sanitary Authority; the latter whilst causing grave personal disability and loss, is regarded as generally non-infective; hence with respect to a Sanitary Authority it would appear to have no more claim than would a broken leg and in general should be dealt with by voluntary institutions.

In Southport some 35 cases of Surgical Tuberculosis are now known and requiring treatment. Of these I estimate that about 10 cases would require prolonged treatment to afford some expectation of a satisfactory result and would occasion the expense of about £1,500 in the first 12 months. The others involve comparatively little expense beyond Surgery, X-Ray treatment, and Carbon-Arc Lamp treatment.

One or two gland cases are now being treated by X-Ray, and about half-a-dozen by Tuberculin Inunction. We are treating no surgical case in an Institution, but have on occasion supplied a splint.

There is a marked deficiency in the Country of beds for lying-down cases.

TRAINING AND DUTIES OF HEALTH VISITORS.

In the Memorandum Explanatory of the grants which will be made by the Ministry of Health for the Training of Health Visitors, Circular 557 deals with the training and duties as given below:—

"3. The duties of a Health Visitor vary according to the district in which she is employed. Her primary duty consists in the home visiting and general supervision of children under school age in her district; she is also usually expected to attend at the Maternity and Child Welfare Centre and may be called upon to advise the mothers on a variety of questions concerning the care and upbringing of their children, as well as their own personal health and hygiene during pregnancy and lactation. In addition, her duties may frequently include school nursing, visiting of tuberculous patients, making special inquiries or investigations, and so forth. It is therefore necessary that a Health Visitor should possess not only good sense and an acceptable personality, but also the trained mind and the professional qualifications which will enable her to deal wisely with the problems which may come before her. There appears to be general agreement that as a rule the duties of a Health Visitor can best be carried out by a woman who has been trained as a hospital nurse, is a certificated midwife, and has passed through a special course of training designed to equip her with a knowledge of the preventive and public health aspects of her work."

Paragraph 7 deals with “ Refresher ” courses, and is quoted as follows :—

“ 7. The Minister is anxious that facilities should be provided for those who are already engaged in Health Visiting to obtain occasional “ Refresher ” courses, and he is prepared to approve the payment by Local Authorities of the reasonable expenses of their Health Visitors (including fees, maintenance and travelling expenses) in attending whole-time courses lasting from two to four weeks and designed with a view to extending both their practical and theoretical knowledge. It is hoped that such courses will be organised in London and other large centres by bodies familiar with the kind of instruction required and having special facilities for obtaining suitable lecturers. The expenditure incurred by Local Authorities in connection with courses of this kind, which have been arranged with the Minister’s approval, will be eligible for grant under the Maternity and Child Welfare Regulations. . . .”

Paragraph 9.

“ 9. It will be observed that, under the conditions of grant, new entrants to the profession of Health Visiting will be required to devote 3½ or 4 years to their training for this work. This consideration will no doubt be taken into account by Local Authorities in fixing the rates of salaries of their Health Visitors, and the Minister trusts that in all cases the salaries offered will be sufficient to attract and retain qualified women who can reasonably be expected to render efficient service.”

MIDWIVES’ ACT.

Number of Midwives in practice at the end of the year ... 20

The following Table gives the causes for which the Midwives required medical assistance during the year 1924 :—

Mother	{	Ruptured perineum	29
		Uterine inertia	13
		Breech presentation	3
		Pyrexia	2
		Face presentation	2
		Anti-partum haemorrhage	2
		Constipation	1
		Twin babies	1
		Not definitely specified	1
			54
Child	{	Inflammation of eyes	7
		Premature	3
		Haemorrhage of bowels	1
		Ophthalmia Neonatorum	1
		Spina Bifida	1
			13
Total			67

STILLBIRTHS.

Number notified by Medical Practitioners	39
„ „ Midwives	12
Number of Births notified by Medical Practitioners	401
„ „ „ Midwives	634
Number of Births notified (corrected)	999

INFANTILE CARE.

Births notified to M.O.H. : Legitimate	954
„ „ „ Illegitimate	45
Births not notified	29
„ „ (1923)	23
Infants visited at home	941
do. stillborn	41
do. who died within 24 hours of birth	13
do. breast fed	712
do. partly breast fed	42
do. artificially fed	119
do. removed	14
Re-visits to infants	2715
Ante-natal cases : 1st visits	111
Re-visits	327
Post-natal cases : 1st visits	944
Re-visits	2755
Children seen at home—1 to 5 years	4026
Infants seen at home—Sore eyes	78

Deaths of infants under 1 year of age :—

Breast fed	24
Artificially fed	18*
Died under 24 hours	14
Too good to visit.....	3
	<hr/>
	59
	<hr/>

* 12 infants were fed with the boat-shaped bottle and 6 were spoon fed.

MATERNITY WARD.

(1) Total number of cases admitted.	247.
(2) Average duration of stay.	14 days.
(3) No. of cases delivered by (a) Midwives (b) Doctors	213. 34.
(4) No. of cases in which medical assistance was sought by the midwife with reasons for requiring assistance. (a) Ante-natal. (b) During labour. (c) After labour. (d) For infant.	55. (a) 2 Ante-partum hæmorrhage. 1 Eclampsia. (b) 2 3rd stage hæmorrhage. 5 persistent R.O.P. 26 prolonged 2nd stage of labour. 1 Mal-presentation. (c) 4 P.P.H. 1 retained membranes. 1 retained placenta. (d) 1 Meningocele. 1 Anencephaly. 1 Asphyxia livida. 7 convulsions. 2 Melaena.
(5) No. of cases notified as puerperal sepsis with result of treatment in each case.	2. Recovery— 1 discharged on 14th day. 1 discharged on 17th day.
(6) No. of cases in which temperature rose above 100.4 for 24 hours with rise of pulse rate.	6.
(7) No. of cases notified as ophthalmia neonatorum with result of treatment in each case.	None.
(8) No. of cases of "Inflammation of the eyes," however slight.	15.

(9) No. of infants not entirely breast-fed while in the Institution with reasons why they were not breast-fed.	<p>17.</p> <p>6 Mothers refused to feed.</p> <p>1 Mammary abscess.</p> <p>1 Phthisis.</p> <p>2 Cardiac.</p> <p>3 Insufficient milk.</p> <p>2 Albuminuria.</p> <p>1 Chronic Asthma.</p> <p>1 Hysteria.</p>
(10) No. of maternal deaths with causes.	None.
(11) No. of foetal deaths (Stillborn or within 10 days of birth) and their causes—and the results of post mortem examination if obtainable.	<p>10 still-born.</p> <p>2 Hydramnios—anencephalic.</p> <p>2 No apparent cause.</p> <p>1 toxaemia of mother.</p> <p>1 Placenta praevia.</p> <p>2 macerated foetus.</p> <p>2 premature.</p> <p>6 Died.</p> <p>1 11 hrs. after, no apparent cause</p> <p>1 22 hrs. after, Maternal infection.</p> <p>2 Convulsions.</p> <p>1 22 hrs., emergency case ; missed labour, forceps.</p> <p>1 10th day, cleft palate.</p>

MATERNITY AND CHILD WELFARE.

The Health Committee has adopted the Scale of Fees for doctors called by a Midwife in emergency under the Midwives' Act where the family is unable to pay.

There are four Welfare Centres ; at Hampton Road, High Park, Liverpool Road, and Crossens. There is a Central Voluntary Committee with a separate Sub-Committee for each Centre. The Health Visitors attend on all occasions.

The Health Committee have arranged a system of co-ordination with the Southport Babies' Home, The Shelter of Compassion, and The Southport and Birkdale Day Nursery. In virtue of this arrangement the Corporation were to pay the various Institutions, as a subsidy, 25 per cent. of their net expenditure for each financial year ; the net expenditure being reckoned as their gross approved expenditure less their earned income. This is in addition to a 50% grant paid by the Ministry of Health. The amount of this grant is subject to modification in the ensuing financial year.

SOUTHPORT BABIES' HOME.

Remaining from previous year	7
Admitted during the year	15
Discharged during the year	5
In-patient days	4529

The house is not altogether suitable for the purposes of the Institution. It has been suggested that the Infants could be boarded out with approved Foster-mothers; but experience shows that it is exceedingly hard to get foster-mothers to undertake the care of infants of less than 12 months of age, though for older children there is no real difficulty if a proper weekly payment is available. The whole subject is one of considerable complexity, but one that must be dealt with. It has been decided to continue for the present.

SHELTER OF COMPASSION.

Total number of admissions during 1924—

Maternity Cases	15
Rescue Cases	8
Night Cases	21
	<hr/>
	44

Total number of discharges during 1924—

Maternity Cases	12
Rescue Cases to Mental Homes	3
Rescue Cases to other Homes	5
Night Cases	21
	<hr/>
	41

Average length of time kept in Home	5 months.
Visits paid by former Inmates	525

NUMBER OF BABIES IN ST. KATHERINE'S HOME IN 1924—

Babies admitted to Home	9
Babies born in the Home	5
	<hr/>
	14

NUMBER DISCHARGED FROM HOME DURING 1924—

Transferred to Babies' Home, Southport	5
Discharged with the Mothers	7
	<hr/>
	12

Of the remaining two Babies, one was stillborn; the other is in the Home at present.

SOUTHPORT AND BIRKDALE DAY NURSERY, DUKE STREET.

Individual Children admitted	113
Attendances (days)	4539

MEDICAL INSPECTION AT THE DAY NURSERY, DUKE STREET.

Number examined—13. Boys—7. Girls—6.

Umbilical Hernia (slight)	1
„ „ (marked)	1
Eczema (slight)	1
Rickets (slight)	1
Teeth, poor	3

WELFARE CENTRES.

The attendances at the Centres remain very satisfactory, and the small decrease corresponds to the decrease in the birth incidence. Dr. Rye is Honorary Medical Officer at Hampton Road and Liverpool Road Centres. The work at Crossens proceeds at a steady rate and justifies the institution of the Centre.

Name of Centre.	ATTENDANCES.							TREATED.			
	Nursing Mothers.		Expectant Mothers.		Infants.		Children over 1 and under 5.	Nursing Mothers.	Expectant Mothers.	Infants.	Children over 1 and under 5.
	1st visits	Re-visits	1st visits	Re-visits	1st visits	Re-visits					
Hampton Road...	121	1875	19	59	121	1253	821	133	42	1375	821
High Park	160	2790	9	19	162	2032	918	184	28	2205	912
Liverpool Road...	78	1537	6	8	78	940	794	149	15	1018	794
Crossens	25	415	1	9	22	182	343	105	10	204	343
Totals	384	6617	35	95	384	4407	2876	571	95	4802	2870

DENTAL MATERNITY CENTRE.

SUMMARY OF WORK, 1924.

Month.	Appointments.	No. Attendances	Extrac-tions.		N2O Gen.	Fillings.	Dressings.	Scalings.	Root Treatment.	Oral Affections.	Examined.	Impressions Taken.	Bite Taken.	Try In.	Finished Dentures.				Repair.	Re-make.	New Cases.	Individual Cases.
			No.	Loc.											Partial.	Full.						
																U.	L.	U.					L.
Jan. ...	58	52	44	28	—	1	1	—	—	22	10	12	3	1	—	—	—	1	—	3	8	23
Feb. ...	56	43	54	17	—	2	2	2	—	14	9	17	3	3	1	—	1	1	—	—	5	12
March ...	57	62	46	18	—	2	1	—	1	15	10	16	4	9	1	4	2	1	1	2	4	6
April ...	60	56	22	8	—	1	8	—	3	13	9	17	6	7	—	3	4	1	1	—	4	6
May ...	69	82	78	9	—	4	3	—	—	30	11	31	8	11	—	1	5	5	—	1	6	9
June ...	59	68	23	22	—	—	8	1	—	16	17	19	3	4	1	1	4	4	2	1	5	6
July ...	59	68	30	13	—	1	2	1	—	22	13	15	5	8	—	—	3	3	2	3	7	7
August ..	15	19	2	2	—	—	—	—	—	8	3	9	1	2	—	1	—	—	1	—	—	—
Sept. ...	63	57	23	23	—	—	1	—	—	10	12	25	4	7	—	—	2	1	1	4	5	9
Oct. ...	70	70	51	21	—	2	5	1	—	25	4	19	7	5	—	—	7	7	2	—	5	7
Nov. ...	60	60	39	17	—	1	8	—	—	16	15	9	1	3	1	1	2	2	—	8	7	7
Dec. ...	42	41	23	23	—	—	2	2	—	12	6	11	2	3	—	3	1	1	1	1	5	5
Totals ...	668	678	435	201	—	14	41	7	4	203	119	200	47	63	4	14	31	27	13	15	62	97

OPHTHALMIA NEONATORUM.

Cases reported	11
Nursed in hospital	2
Nursed at home	9
	} 11
Recovered	11

VOLUNTARY AGENCIES.

Thanks are due to the District Nursing Society, 52 Hoghton Street, and The Provident Society, Post Office Avenue, for valuable assistance rendered during the year to Tuberculosis Cases and School Children.

SUPPLEMENTARY HEALTH VISITING.

Special Enquiries—Medical Officer of Health	82
Incidental Calls.....	731
Visits to Infectious Diseases	110
Visits to houses found closed	1165
Visits to Midwives	34

(See also Report of School Medical Officer).

BLIND WELFARE ACT.

The arrangements with the Manchester and Salford Blind Aid Society have been continued, and considerable progress has been made during the past year.

Visits have been made to Blind persons in their own homes, and instruction given in Moon reading, Braille reading and writing, cane and rush chair-seating, hand-knitting, basket-work, etc.; and the Blind Visitor reports that it is possible to help the student and the ex-civil servant as well as the labourer or domestic.

Owing to the desire of several Blind persons to be admitted to a Home Workers' Scheme, efforts were made to get them attached either to the Liverpool Blind Institution or Henshaw's Institution in Manchester, but owing to the distances it was not found practical to do so. Eventually

it was decided to submit a Scheme, to be controlled by the Southport Blind Welfare Committee, to the Ministry of Health for approval, and on August 2nd, 1924, the Ministry approved a Scheme.

The Ministry of Health will make a grant of £20 per annum to the Committee for each man who earns 16/- (Sixteen shillings) per week or over, and for each woman who earns 8/- (Eight shillings) per week or over, or a proportionate amount according to their earnings in occupations recognised by the Ministry of Health as suitable for the Blind as Home Workers.

4 persons have been accepted by the Ministry as Home Workers, and receive from the Southport Blind Welfare a supplement to their earnings of 5/- to 7/6 per week.

Difficult cases are those of persons who have received education in a Blind School and had Institutional Training but have not made use of such training, and who play musical instruments on the streets or read Braille on the shore. They do not understand and realise that though blindness is a handicap they are members of society, and should give some return for the material benefits they have received. They find the casual the easiest way of getting temporarily the wherewithal for existence, but it is not permanently satisfactory as an occupation would be. It is confidently hoped, now that a Home Workers' Scheme has been adopted, that with the assistance and after-care which it is now possible to give, persons trained will be enabled to profit by their training and become self-supporting.

Grants to the amount of £303 7s. 3d. for the past year, have been made by the Committee in money or in kind to the necessitous cases, and have been much appreciated; in several instances these grants have been the means of keeping the home together.

Reports of the Southport children in training at the Wavertree Schools for the Blind are satisfactory.

Number of persons on the Register	87
Number in receipt of Old Age Pension	51
Of those over 70 years of age	12

Four Southport Blind persons are resident in Manchester Homes, and are on the Manchester Register; and four Southport Blind persons are resident in the Ormskirk Institution, and are on the Liverpool Register.

Miss Mace, of Formby—a totally blind lady—does much voluntary work among the Blind people of Southport, visiting and teaching Braille reading and writing; and she reads aloud to the people in their own homes or in the “Godfrey Ermen” Home of Rest.

Infectious Diseases.

(See also Tables II. and V.)

ISOLATION HOSPITAL.

It is intended to commence building the New Isolation Hospital at an early date, and I sincerely trust that nothing will be permitted to cause delay in connection with the starting and completing of the Hospital, which is urgently needed.

TYPHOID FEVER.

Houses—12.

Cases—16.

(2 not Enteric) remaining 14 in list below.

J.L.	(M)	19	Scholar	.....	Imported.
C.P.	(M)	18	Engineer	.....	Origin not made out.
S.K.	(M)	1	.....	.....	Infected by carrier.
F.B.	(F)	36	House duties	.....	Origin not made out.
F.B.	(M)	30	Sweet Shop Manager	.....	do.
W.B.	(M)	2	.....	.....	Infected by previous case.
M.J.	(F)	44	House duties	.....	Exact origin not made out.
E.S.	(F)	36	do.	.....	do.
S.M.	(F)	32	Ind. Means	.....	do.
S.W.	(F)	36	Nil	.....	Imported.
L.S.	(F)	44	Cafe Manageress	.....	Infected by carrier employed in Cafe.
E.B.	(F)	17	Cafe Waitress	.....	do.
R.R.	(F)	13	Scholar	.....	Exact origin not made out.
E.R.	(F)	20	Not known	.....	do.

(The 2 carriers referred to in Cases S.K., L.S. and E.B. were duly found and the attempt made to render them non-infective by Vaccines and otherwise).

PARA TYPHOID.

House—1.

Case—1.

M.F.	(F)	27	Teacher	Imported.
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WHOOPING COUGH.

Cases—292.

Deaths—4.

Incidence slight and type mild.

V.D. CLINIC.

The work for the year has been very satisfactory. This is especially shown by the attendance of males at the Clinic—an increase of 352 over the previous year. Men are reporting at a much earlier stage of the disease, the result being that a greater number are discharged cured, viz., 100. This is most encouraging. With regard to females, the number of new cases does not show much increase. I am convinced we are not getting the women who are the transmitters of disease as freely as we should do. The old cases, especially those who are, or who have been, suffering from Syphilis, keep up their attendances and treatment regularly.

During the year there have been 17 cases of positive Venereal Disease, either congenital or acquired, under the age of eight years, treated at the department. Some of these have been discovered through the school clinics and transferred for treatment; and I would ask for the co-operation and assistance of the medical men in the town in tracing these cases and getting them under treatment at the earliest possible moment.

There was an average of 30 attendances per clinic throughout the year, which I think shows the advantage taken of the department by those positive or suspected cases.

H. BARDSLEY,

Director of V.D. Clinic, Southport.

VACCINATION.

Appended is a Table showing the percentage of unvaccinated infants less than six years of age, found during Medical Inspection of School Children. With only some thirty per cent. of the rising generation protected there is obviously developing plenty of material for a wide epidemic of Smallpox. This is the result of permitting individuals to decide in matters on which they are not cognisant of the facts which should determine their conclusion.

		Boys.		Girls.
1909	.....	13.0	.....	14.1
1910	.....	8.3	.....	9.1
1911	.....	4.2	.....	4.7
1912	.....	23.9	.....	21.8
1913	.....	44.0	.....	45.4
1914	.....	50.8	.....	55.7
1915	.....	53.6	.....	49.6
1916	.....	55.6	.....	50.4
1917	.....	60.2	.....	57.5
1918	.....	63.4	.....	63.6
1919	.....	68.8	.....	67.1
1920	.....	68.5	.....	66.7
1921	.....	73.0	.....	68.4
1922	.....	69.0	.....	73.6
1923	.....	69.0	.....	68.0
1924	.....	76.4	.....	72.8

MOSS LANE.

SCARLET FEVER.

87 were admitted to the Hospital. The type of case was on the whole a mild one, but a small number were acutely ill when admitted. Of these several were suffering from a mixed Scarlet and Diphtheritic infection.

Anti Strepto-coccal Serum (Scarletinal type) has been found of value in treatment. The usual dose given was an initial dose of 25 c.c. on admission and repetition of this dose twelve hours later. In some cases the effects (viz., falling temperature and alleviation of the symptoms) have been most striking. Anti-diphtheritic serum has been used in acute cases of Scarlet Fever with promising results.

DIPHTHERIA.

29 were admitted to the Hospital during the year. Two were of the laryngeal type. One of these, an adult, had extension of the membrane to the large bronchi. In this case serum treatment proved to be all that was necessary, and a total dose of 72 thousand units was given. In the other, a girl, aged $2\frac{1}{2}$ years, it was found necessary to operate, with satisfactory results.

TYPHOID FEVER.

11 cases were admitted to the Hospital for treatment. Of these, 1 was found to be suffering from Pneumonia only. Whether or not a positive Widal of 1 in 30 or 1 in 50 is sufficient evidence upon which to base a diagnosis of Typhoid Fever is open to doubt, and it is our opinion that the Widal test should be carried to the lowest dilution at which a negative result is obtained. The collection of specimens of blood for the Widal test requires further consideration; and in order to give the Laboratory a fair chance of making a satisfactory examination, the Widal Tube should be filled. If this were done, it would be possible in most cases to obtain sufficient serum to carry out Dreyer's Macroscopic method of agglutination, which is not so liable to error as the Microscopic method of Widal.

A positive result in a dilution of 1 in 50 carried out by the Widal microscopic test is not in our opinion conclusive, though it rouses suspicion that the case is one of Enteric provided that the patient has neither been treated with prophylactic T.A.B. vaccine nor has suffered from Typhoid Fever in the past. It should be remembered that Typhoid Fever is not always a disease which forces the patient to the doctor, and a mild attack may pass unnoticed. In such a patient, a positive agglutination of 1 in 50 or more would persist for many years afterwards. It is also reasonable to assume that in some cases where there has been a concentration and absorption of B. Coli and its products from the bowel, specific agglutinins will be found in the blood which will agglutinate B. Coli strongly, and, in low dilutions, B. Typhosus also according to the phenomenon of "group" agglutination.*

The most that can be said is that “in *unvaccinated* individuals agglutination in a dilution of 1-25 against B. Typhosus justifies suspicion, and if marked in dilution of 1-50 is nearly always diagnostic. Browning offers the following table as indicating positive reactions in each of the diseases indicated.

Organism.	
B. typhosus	1-100
B. paratyphosus A.	1-50 (or even lower 1-20).
B. paratyphosus B.	1-200

These criteria are not applicable to vaccinated persons or those who have previously had typhoid or paratyphoid fever.”

TREATMENT.

It may be noted that for haemorrhage, haemostatic serum (Haemoplastin) has been of great service. In one case, a woman aged 36 years was admitted suffering from Typhoid Fever and Phthisis. Both diseases were exceedingly acute. The Widal test was positive in a titre of 1-800 and she exhibited the usual clinical features of an acute case of Enteric. She had been ill for about 10 days prior to admission, and on the third day after this, she had a severe haemorrhage which was followed by a more acute phase of the disease. Sixteen days after admission, she had further attacks of haemorrhage and was treated with haemostatic serum, of which she received 4 c.c. over a period of two days. By this time she was so acutely anaemic that recovery seemed impossible. She was then treated with 2,000 units of anti-diphtheritic serum followed three days later by doses of serum obtained from a convalescent enteric patient who had left the Hospital a fortnight previously. She received in all 70 c.c. of this serum over a period of three days. Three days later, her temperature settled to normal and remained so for three weeks. Following this she commenced to run a typical Phthisis temperature with evening rise and was discharged to her home a fortnight later. She lived for one month after her return home. A bacteriological examination of the stools prior to her discharge proved negative.

CANCER, MALIGNANT DISEASE.

The number of deaths was 103—about the usual incidence. 12 per cent. of all deaths of persons 25 years and upwards were due to this condition.

THE RATS AND MICE (DESTRUCTION) ACT, 1919.

At the present time there is certainly not an excessive number of rats in the District.

No Notices were served on occupiers to rid their premises of rats.

BACTERIOLOGICAL EXAMINATION OF MILK.

	Samples from Producers in the Borough.	Samples from Producers Outside the Borough.
Samples from Bulk	10	(a) 84
Of which found to be Tuberculous	(c) 1	(b) 7
Samples from individual cows (from the above 84 cases)	0	3
Of which found to be Tuberculous	0	0

(a) Producer ceased supplying to Southport during examination, 1. Guinea Pigs died before test completed, 2. The table shows that 7 samples out of 84 "outside" samples were Tuberculous.

(b) Of these 7, the implicated animal had already been disposed of by the owner in one case before official inspection of the herd could be made. In the remaining cases official inspection disclosed three suspected animals, and 3 cases where there was no evidence of suspicious signs. In all these cases further samples were taken.

(c) In this case the implicated animal had been disposed of by the owner before official inspection of the herd could be made.

The "Outside" samples were mostly taken from sources suggested by long experience as liable to prove infected, so that a higher incidence of Tubercle is shown than if they had been taken at random.

The standard of Cleanliness in Milk has received attention, but in no case was sufficient pollution found to justify a prosecution.

"Certified Milk." Four samples were submitted to Bacteriological Examination. The Bacterial Counts per c.c. were 2387, 1135, 735, 5113 respectively. The standard prescribed by the Ministry of Health is 30000 bacteria per c.c., therefore these milks were quite exceptionally clean.

TUBERCULOSIS ORDER, 1914.

By an Order dated the 6th of August, 1914, the Board of Agriculture and Fisheries suspended the Tuberculosis Order of 1914. The Council again protested against the continued suspension of the Order.

Four times since the date of suspension, the Health Committee have written to the Board of Agriculture and Fisheries asking them to use their influence to have the Order put in operation again.

Since the suspension of the Order of 1914, the Health Committee have been unable to deal effectively with cases of Dairy Cattle found yielding Tuberculous Milk; especially does this apply to cattle outside the Borough whose milk is consumed in Southport.

It is desired once more to put on record the fact that the absence of the powers contained in the Tuberculosis Order of 1914, places sanitary authorities at a great disadvantage in protecting the public from Tuberculous Disease.

The Ministry of Agriculture and Fisheries, in their reply to the protest of the Council against the suspension of the Order, made it plain that the objections of the Ministry are on the grounds of the heavy expense that would be entailed. It remains to be seen whether the administration of the "Milk and Dairies Amendment Act, 1922," will reduce Tuberculosis among dairy cattle to any material extent. Farmers have in their own hands the power materially to reduce Tuberculosis by raising the standard of sanitation in their farm buildings and by carefully selecting their animals for breeding purposes for milk production. When the general body of Dairy Farmers, instead of the present minority, take the business of clean milk production seriously in hand, then, and then only, will the public obtain a reliable disease-free article.

In all cases where animals are found to be suffering from this disease the cowsheds are disinfected.

Animals inspected by the Veterinary Inspector	506
Bovine post-mortems conducted	0

REGISTERED COWKEEPERS AND PURVEYORS OF MILK.

Cowkeepers.		Cowkeepers and Purveyors.		Purveyors.
15	.....	42	.....	156

WORN-OUT OR DISEASED ANIMALS brought (some at the instance of the Veterinary or Dairy Inspectors) by cattle dealers or farmers in the Borough and adjoining Districts to be slaughtered for value of salvage, and those dead before arrival :—

From :—		Town.		Country.
Inflammation	1	.....	0	
Tuberculous	15	.....	24	
Calving	0	.....	1	
Accident	4	.....	4	
Dropsical	4	.....	1	
Emaciation.....	2	.....	2	
Pneumonia	1	.....	0	
Joanes Disease	0	.....	1	
	—		—	
	27		33	
	—		—	

HOUSING (INSPECTION OF DISTRICT) REGULATIONS, 1910. ARTICLE V.

Houses completely inspected for various causes	553
Reports made under Housing Acts, 1909 and 1919	28
Notices served under the said Housing Acts	33
Houses reported under Section 17 for closing	0
Houses considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	0
Closing Orders made by Local Authority	0
Dwelling-houses closed after Closing Orders	0
Houses reported under Section 15 and Section 28 for repairs necessary to put such houses into a fit state for human habitation.....	28
Notices served under Sections 15 and 28	33
Orders under Sections 15 and 28 complied with by Owners	15
Orders carried out by Local Authority under the powers of the Act...	0
Orders not complied with under Section 17	0
Orders not complied with under Section 15 and Section 28	13
New Houses erected and Certified	309
Houses closed on owners' initiative.....	0

HOUSING ACCOMMODATION.

Three Hundred and Nine houses have been erected by private enterprise during the year.

The cost of labour and materials, especially the latter, both for construction of new and repair of old houses, is still so high that in the presence of restriction on rent it is difficult to get any considerable amount of work executed.

There is still need for the provision of houses properly adapted for the use of manual workers and other persons with small means.

THE REMOVAL OF HOUSEHOLD REFUSE.

	1923.	1924.
Estimated Amount of Refuse removed from Borough	13845 Loads	13952 Loads
Number of Ashpits replaced by Ashbins during the year	783	91

This shows an increase of 107 loads compared with the previous year.

ABSTRACT WORK OF SANITARY INSPECTORS.

	1924.
Total Visits	30834
Complaints received from public	1210
<hr/>	
Inspections on complaints	1210
Miscellaneous Inspections	5700
Houses completely inspected—for in-going tenants, sickness, etc.	553
Re-inspections relating to sanitary defects under notice, etc.....	3365
Routine Inspections of Special Premises :—	
Factories and Workshops, including Bakehouses	270
Common Lodging-houses	272
Stable Premises	189
Offensive Trades	15
Milk Shops.....	139
Smoke Observations (one hour each)	17
Sanitary Defects Remedied :—	
Houses re-drained, or drains amended, etc.	485
Privies, etc., converted into W.C.'s	183
Miscellaneous Nuisances, etc., remedied	902
<hr/>	
Total	13300
<hr/>	
Notices Served for Abatement of Nuisances, etc. :—	
Verbal	27
Preliminary	253
Statutory	525
Sewer complaints reported to Highway Dept.	13
Sanitary Certificates issued	19
Infectious Diseases :—	
Inquiries into Cases	1093
Patients removed to Isolation Hospital	141
Houses disinfected	266
Bedding disinfected	381
Notices to School Attendance Officers	1353
Notices to Free Library	1152
Notices to School Medical Officer	708

Disinfected :—

Schools	4
Stables and Cowsheds	2

Consumption :—

Cases notified	132
Pulmonary	99
Non-Pulmonary.....	33
Number of visits to Tuberculosis Patients	1760
Patients' Visits to Dispensary	1272
Examined by Tuberculosis Officer	575
Enquiries—Contacts	6018

Prevention of Infantile Mortality :—

Birth notifications received	981
First Visits to houses where births have occurred	914
Re-Visits.....	2787
Enquiries <i>re</i> Children over 1 and under 5 years of age	4089
Special Enquiries for Medical Officer of Health	84
Incidental Calls.....	737
Visits to Infectious Cases	167
Visits to houses found closed	1178

SUPERVISION OF FOOD SUPPLIES.

Visits to :—

Public Slaughter-houses	223
Private Slaughter-houses	160
Butchers' Shops	1223
Fish and Poultry Shops	1126
Other Shops	10154
Restaurant or Hotel Kitchens (workplaces)	3
Ice-cream Workshops	28
Ice-cream Stalls	55
Potted Meat and Fish Works	132
Piggeries	14
Cowsheds	78
Milk Farms outside the Borough	11
Bacteriological Examination of Milk	94
	<hr/>
	13301

UNSOUND FOOD DESTROYED.

Under Magistrates' Order :— Nil.

By Consent of Owner or Consignee :—

Beasts' Carcases	5
Beasts' Livers	20
Beasts' Lungs (sets)	41
Beef (lbs.)	144
Beasts' Heart	1
Calf's Carcase	1
Pigs' Livers	8
Pigs' Carcases	2
Pigs' Lungs (sets)	6
Ox Tongues (lbs.)	6
Herrings (tins)	144
Sardines	232
Sheep's Carcase.....	2
Condensed Milk (tins)	19
Codfish (lbs.)	196
Salmon (lbs.)	41
Apples (lbs.)	303
Bacon (lbs.)	8
Kippers (lbs.)	56
Cray Fish (tin)	1
Spring Onions (bunches) doz.	7
Tomatoes (lbs.)	3
Smoked Codling (lbs.)	14
Pickled Beef (lbs.)	95
Pigs' Mesenteric Fat	2
Beasts' Mesenteric Fat	1
Lambs' Carcases	2
Pineapple Chunks (tins)	3
Pears (tins)	1
Salmon (tins).....	3
Apricots (tins)	1
Sheep's Livers	17
Smoked Fish Fillets (lbs.)	7
Beasts' Spleen	1
Beasts' Skirt	1
Pig's Heart	1

ABATEMENT OF NUISANCES.

Only 6 per cent. of the total Nuisances reported remained wholly or partly unabated at the end of the year. Viewed in the light of the present prevailing difficulties, this is to be considered extremely satisfactory.

REPORT ON ABATEMENT OF NUISANCES FOR THE YEAR.

It represents	1499
Cases of which	1414
(over 94%) have been satisfactorily complied with. The rest are under enquiry as to progress made.	

The remaining number (including 1 Ainsdale Drainage Case) 85

Are classified as follows :—

Withdrawn or deferred by Health Committee	0
Passed to Surveyor to carry out under powers ...	39
Deferred for further negotiation	23
Referred to Town Clerk by Health Committee	0
Deferred on Advice of Town Clerk	1
Unoccupied	0
Change of Owner	3
Work in Progress	4
In Contractors' Hands	15

SANITARY CERTIFICATES.

Householders are strongly advised to have the Drains and Sanitary Fitments of their dwellings inspected and tested triennially. These occasional examinations act as an insurance against sickness from environmental defects.

COMMON LODGING HOUSES.

There are five registered Common Lodging Houses in the Borough, the same number as last year. In July the four owned by Holben Thorne were transferred to William Morrison, who had previously kept a Common Lodging House at Colne. Since Morrison took over, the conditions generally inside and out have been much improved. New beds and bedding have been provided, and wash basins with a constant supply of hot and cold water. Electric light has also been installed, and the waste water closets have been converted into self-cleansing fresh-water closets. Only men lodgers are now taken in, in these four houses.

SHOPS' INSPECTION.

Much of the Inspectors' time is occupied in patrolling, and in the greater part of this no entrance that can be included in the count of visits set out in the Table below is involved. The table includes evening visits.

Total Visits 2540

Breaches of Shops' Act Discovered :—

Trading during prohibited hours	97
Assistants not getting full time for meals	0
Assistants not getting Weekly Half-holiday	1
No Notice in Shop <i>re</i> Weekly Half-holiday	152
No Notice in Shop <i>re</i> Closing Day	135
Shop Seats—Absence of	1
No Notice in Shop <i>re</i> Mixed Business	15

Action taken as to offences :—

Warned verbally	102
Warned by letter	56
Reported to Local Authority	11
*Prosecutions	7
Night Patrol—Hours	83

* Seven Prosecutions—One fined 20/- Four fined 10/- each, and Two fined 5/- each.

PUBLIC ELEMENTARY SCHOOLS.

(See the Report of the School Medical Officer).

SLAUGHTER-HOUSES.

Animals slaughtered in the Borough for human consumption :—

	Poplar Street Slaughter-houses.			In the seven Private Slaughter-houses.		Totals.
	Public.	Rented.				
Cattle	611	1487	.....	745	.....	2843
Calves	430	717	.....	162	.....	1309
Sheep	4237	13399	.....	7864	.....	25500
Pigs	644	—	.....	538	.....	1182
Total	5922	15603	.....	9309	.....	30834

A number of Pigs have been killed on private premises. It is quite time improved Pig-slaughtering accommodation should be provided at the Public Slaughter-houses, so as to enable the slaughtering to be done under proper supervision.

PRIVATE SLAUGHTER-HOUSES.

There are seven Private Slaughter-Houses in the District. Only three of the seven are in use. These are kept satisfactorily clean, and free from nuisance, and the business in each case is properly conducted. About 30% of the animals slaughtered in the District are dealt with in the Private Slaughter-Houses.

PUBLIC WATER SUPPLY.

The water is drawn from deep wells in the New Red Sandstone about ten miles inland. No purer water occurs in nature.

ANALYSIS, SAMPLE, 21st OCTOBER, 1924. CHEMICAL.

	Parts per 100,000.
Calcium Carbonate	20.71
Magnesium Carbonate	2.50
Calcium Sulphate	1.36
Magnesium Sulphate	9.61
Magnesium Chloride.....	4.20
Sodium Carbonate	6.28
Potassium Carbonate .....	.97
Oxide of Iron, Silica, etc. ....	.40
	<hr/>
	46.03
Temporary hardness	23.7
Permanent hardness	13.4
Total hardness	37.1
Free Ammonia	nil.
Organic Ammonia .....	.002
Oxygen absorbed in 3 hours .....	.030
Nitrates	nil.
Nitrites	nil.
Lead	nil.
Colour seen in a 2-foot tube.....	Pale Blue Green
Appearance	Bright & Sparkling

HERBERT E. DAVIES.

BACTERIOLOGICAL.

No. of organisms per cc. capable of growing upon nutrient gelatine at 28 deg. C. in three days.....19 colonies per cc.

No. of organisms per cc. capable of growing upon agar at 37 deg. C. in three days 2 colonies per cc.

Smallest quantity of water giving acid and gas reaction in double-strength bile salt lactose absent in 100 cc.

Streptococci absent in 100 cc. of water.

Bac. Enteritidis absent in 100 cc. water.

E. E. GLYNN.

RESULTS FOR CONSECUTIVE YEARS.

	Temporary.	Permanent.	Total.
1913—Nov. 28th	..... 26.5	..... 12.0	..... 38.5
1913—Dec. 18th	..... 22.6	..... 16.4	..... 39.0
1915—Mar. 18th	..... 24.0	..... 12.0	..... 36.0
1915—Mar. 23rd	..... 21.0	..... 12.4	..... 33.4
1916—Feb. 3rd	..... 26.2	..... 7.6	..... 33.8
1917—Feb. 17th	..... 18.7	..... 9.6	..... 28.3
1918—Jan. 29th	..... 18.6	..... 9.9	..... 28.5
1919—Jan. 13th	..... 24.9	..... 17.0	..... 41.9
1919—Dec. 30th	..... 25.5	..... 14.6	..... 40.1
1920—Dec. 16th	..... 23.0	..... 12.8	..... 35.8
1921—June 29th	..... 25.5	..... 13.8	..... 39.3
1922—Nov. 23rd	..... 23.2	..... 12.7	..... 35.9
1923—Oct. 9th	..... 23.2	..... 12.4	..... 35.6
1924—Oct. 21st	..... 23.7	..... 13.4	..... 37.1

CLOSET ACCOMMODATION.

There are still a small number of privies, which will no doubt be converted into fresh-water closets as the effects of War conditions disappear.

SEWERAGE WORKS.

There now remain only about 20 houses in the sewered area of Ainsdale not connected to the public sewers.

GENERAL SANITARY WORK.

The following Table shows the nature and amount of work done during the year by the Highways Department under orders sent to it by the Health Department, and also the corresponding figures for the two preceding years :—

	1922.	1923.	1924.
Houses drained or re-drained	*120	*201	*447
House drains unstopped	555	530	483
Midden privies converted in W.C.'s...	41	19	22
Bristol ejects and trough closets			
converted into fresh-water closets...	20	37	25
Wet ashpits converted into dry	0	0	0
Sundry structural nuisances abated...	213	197	233
Totals	949	984	1210

* Including new connections at Ainsdale.

Further work exceeding in the aggregate that referred to in above table, has been completed under Private Contract.

The number of drain stoppages reported (and cleared) is still very high, and calls for greater individual effort on the part of householders to improve the standard of domestic cleanliness. **It is deplorable that so many householders should neglect to cleanse their gulleys and drains.**

It cannot be too frequently reiterated that it is the duty of every occupier of a house for the health of the inmates, to cleanse the slopstone wastepipe and drain gully (which is the most dangerous apparatus in a dwelling from the point of view of sanitation), thoroughly at regular intervals of not more than a week. The waste pipe should be well scalded with hot water and soda, and the gully grids removed and scrubbed clean, the gully well flushed with a large volume of water, and deposit scrubbed off the inside so as to leave the surface clean, and the grid replaced. Any flushing of private drains done by the Corporation is gratuitous and beyond their Statutory duties.

PARTICULARS OF SAMPLES REPORTED TO BE NOT GENUINE.

MILK.—Six formal and two informal samples were reported against. One 10% short of Fat, one 5% short of Fat, and one containing dirt; Vendors cautioned. One 4% short of Fat; Vendor tried, case dismissed, given benefit of the doubt. One 12% short of Fat; Vendor convicted and fined £5. The remaining formal sample and the two informal samples containing 13%, 6% and 14% of added water respectively, were taken to trace the delinquent. He was found to be in another District. The Authority for that District instituted proceedings under samples taken by themselves direct from the offender, who was convicted and fined £5 in each of three cases.

RASPBERRY JAM.—One formal sample 7.16 short of Water Soluble Extract; Vendor cautioned.

APPLE JELLY.—One formal sample 4.90 short of Water Soluble Extract; Vendor cautioned.

FOODS AND DRUGS ACTS.

SUMMARY OF SAMPLES SUBMITTED FOR ANALYSIS
DURING 1924.

Informal Samples				Nature of Sample	Formal Samples					
Number Taken	Number Genuine	Adulterated			Number Taken	Number Genuine	Adulterated		Vendors Cautioned	Prosecutions
		Materi-ally	Trivially or doubtful				Materi-ally	Trivially or doubtful		
5	3	2	...	MILK	80	74	3	3	3	3
3	3	...	...	Butter	14	14	...	...	...	...
4	4	...	...	Cream of Tartar ...	...	...	...	...	...	...
3	3	...	...	Pork Sausage	5	5	...	...	...	...
1	1	...	...	Marmalade .....	...	...	...	...	...	...
4	4	...	...	Sponge Cake .....	...	...	...	...	...	...
...	...	...	...	Damson Jam	3	3	...	...	...	...
...	...	...	...	Pure Toffee	2	2	...	...	...	...
...	...	...	...	Raspberry Jam	2	1	...	1	1	...
...	...	...	...	Beef Dripping	1	1	...	...	...	...
...	...	...	...	Lard	3	3	...	...	...	...
4	4	...	...	Lemon Cheese .....	...	...	...	...	...	...
2	2	...	...	Gregory Powder ...	...	...	...	...	...	...
2	2	...	...	Calves Foot Jelly ...	...	...	...	...	...	...
1	1	...	...	Cheese	2	2	...	...	...	...
2	2	...	...	Cocoa .....	...	...	...	...	...	...
2	2	...	...	Condensed Milk .....	...	...	...	...	...	...
1	1	...	...	Greengage Jam .....	...	...	...	...	...	...
1	1	...	...	Beef Sausage	2	2	...	...	...	...
1	1	...	...	Apricot Jam .....	...	...	...	...	...	...
2	2	...	...	Honey .....	...	...	...	...	...	...
1	1	...	...	Syrup of Senna .....	...	...	...	...	...	...
1	1	...	...	Apple Jelly .....	...	...	...	...	...	...
1	1	...	...	Bismuthated Magnesia	...	...	...	...	...	...
1	1	...	...	Fresh Cream .....	...	...	...	...	...	...
1	1	...	...	Potted Beef .....	...	...	...	...	...	...
...	...	...	...	Picked Shrimps	1	1	...	...	...	...
1	1	...	...	Lime Juice Cordial...	...	...	...	...	...	...
1	1	...	...	Apple Jelly	1	...	...	1	1	...
1	1	...	...	Raspberry Vinegar...	...	...	...	...	...	...
1	1	...	...	Loganberries .....	...	...	...	...	...	...
1	1	...	...	Black Currant Jam...	1	1	...	...	...	...
1	1	...	...	Cayenne Pepper .....	...	...	...	...	...	...
1	1	...	...	Ground Ginger .....	...	...	...	...	...	...
1	1	...	...	Black Pepper .....	...	...	...	...	...	...
1	1	...	...	Cod Liver Oil .....	...	...	...	...	...	...
1	1	...	...	Pure Glycerine .....	...	...	...	...	...	...
1	1	...	...	Compound Liquorice	...	...	...	...	...	...
2	2	...	...	Seidlitz Powder .....	...	...	...	...	...	...
2	2	...	...	Camphorated Oil ...	...	...	...	...	...	...
1	1	...	...	Blackberry Jelly ...	...	...	...	...	...	...
...	...	...	...	Ground Almonds ...	1	1	...	...	...	...
1	1	...	...	Ext. Cascara Sagrada	...	...	...	...	...	...
1	1	...	...	Syrup of Figs .....	...	...	...	...	...	...
1	1	...	...	Epsom Salts .....	...	...	...	...	...	...
1	1	...	...	Shredded Beef Suet...	...	...	...	...	...	...
1	1	...	...	Margarine .....	...	...	...	...	...	...
1	1	...	...	Fruit Wine (Raisin)...	...	...	...	...	...	...
65	63	2	...		118	110	3	5	5	3

FACTORY AND WORKSHOP ACTS.

The following Report is made out in accordance with the requirements of the Home Office, to whom a copy of this Report has to be sent.

Factories, Workshops, Workplaces, and Homework.

1.—INSPECTION.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES	39	0	None.
(Including Factory Laundries.)			
WORKSHOPS	231	4	"
(Including Workshop Laundries.)			
WORKPLACES	31	0	"
Totals.....	301	4	"

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts—*</i>				
Want of Cleanliness	1	0	None.	None.
Want of Ventilation	0	0	"	"
Overcrowding.....	0	0	"	"
Want of Drainage of Floors	0	0	"	"
Other Nuisances.....	5	4	"	"
||Sanitary Accommodations	insufficient	1	0	"
	unsuitable or defective	8	6	"
	not separate for sexes	0	0	"
<i>Offences under the Factory and Workshop Act—</i>				
Illegal occupation of Underground				
Bakehouse (S. 101)	None.	None.	"	"
Breach of special Sanitary Requirements for Bakehouses (SS. 97 to 100)	0	0	"	"
Other Offences	None.	None.	"	"
Total.....	15	10	"	"

*Including those specified in sections 2, 3, 7 and 8, of the Factory and Workshop Act as remediable under the Public Health Acts.

||Section 22 of the Public Health Acts Amendment Act, 1890, has been adopted in Southport. The standard of sufficiency and suitability of sanitary accommodation for persons employed in factories and workshops is in accordance with the Sanitary Accommodation Order of 4th February, 1903.

4.—REGISTERED WORKSHOPS.

Total number of workshops on Register212

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspectors of Factories.....	...
Failure to affix Abstract of the Factory and Workshop Act (S. 133) .....	...
Action taken in matters referred by H.M. Inspectors as re- mediable under the Public Health Acts, but not under the Factory Act (S. 5) {	Notified by H.M. Inspector 6 Reports (of action taken) sent to H.M. Inspector 0
Other Matters—Forms received from H.M. Inspector <i>re</i> New Workshops	
Underground Bakehouses (S. 101)—	
Certificates granted during the year .....	...
In use at the end of the year.....	8

April, 1925.

GEO. C. BARNES,

Medical Officer of Health.

NOTE.—The Factory and Workshop Act, 1901 (s. 132), requires the Medical Officer of Health IN HIS ANNUAL REPORT to the District Council to report specifically on the administration of the Act in workshops and workplaces, and to send a copy of his Annual Report, or so much of it as deals with this subject, to the Secretary of State (Home Office).

TABLE I.

Vital Statistics of Whole District during 1924 and previous Years.

COUNTY BOROUGH OF SOUTHPORT.

YEAR.	Population estimated to Middle of each year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS. <i>a</i>		NETT DEATHS BELONG TO THE DISTRICT.			
		Un-corrected Number.	Nett.		Number. *	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number. *	Rate per 1,000 Nett Births.	Number. *	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1911	51,740	784	805	15.56	701	13.55	66	70	91	113	705	13.63
1912	70,640	1028	1039	14.71	882	12.48	93	89	78	76	878	12.43
1913	71,092	1063	1083	15.23	886	12.46	53	95	101	93	928	13.05
1914	71,747	1016	1024	14.27	974	15.58	59	117	100	98	1033	14.40
1915	67,700	977	1001	13.96	1029	15.20	73	115	88	88	1071	15.82
1916	67,000	1008	1021	14.24	946	14.12	85	112	87	85	987	14.73
1917	66,000	785	800	11.16	895	13.56	65	106	65	81	928	11
1918	69,000	776	788	10.99	1042	15.79	93	119	47	60	1059	16.05
1919	70,000	877	887	12.14	1038	14.83	98	132	80	90	1078	15.40
1920	70,000	1259	1261	17.26	915	13.07	81	121	68	54	945	13.50
1921	71,900	1120	1106	15.38	894	12.43	71	97	77	70	920	12.80
1922	72,020	1023	1028	14.27	940	13.05	79	114	58	56	975	13.54
1923	72,410	1012	996	13.76	940	12.98	69	106	65	65	977	13.49
1924	73,650	952	934	12.90	x977	13.24	78	109	59	63	1006	13.66

z Including deaths in Moss Lane Infectious Hospital in the West Lancashire Rural District.
x " " 2 deaths in Moss Lane Hospital included in inward transfers, Col. 9.

* In Column 6 are included the whole of the deaths registered during the year as having actually occurred within the district, military deaths excepted.

In Column 12 is entered the number in Column 6, corrected by subtraction of the number in Column 8 and by the addition of the number in Column 9. Deaths in Column 10 are similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

a "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided.

b See remarks, Table III.

The following Special Cases arise as to Transferable Deaths:—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) have been regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission the death is not transferable.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement have been referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence have been referred (*a*) to the district of residence, under the general rule; (*b*) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (*c*) failing this, to the district where death occurred, if known; and (*d*) failing this, to the district where the body was found.

	Census	
	1911	1921
Total population at all ages	69643	71900
Number of inhabited houses	15676	16314
Average number of persons per house.....	4.44	4.41
Area of District in acres (land and inland water) ...	9426	9426

TABLE II.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1924.
COUNTY BOROUGH OF SOUTHPORT.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								TOTAL CASES NOTIFIED IN EACH LOCALITY.					TOTAL CASES REMOVED TO HOSPITAL.
	At all Ages.	At Ages—Years.							1	2	3	4	5	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.	Six Central Wards. Est. pop., 29,906.	Scarisbrick and Sussex Wards. Est. pop., 14,078.	Park and Birkdale West Wards. Est. pop., 9,164.	Hesketh Ward. Est. pop., 5,074.	Birkdale N'rth, East South and Ainsdale. Wards. Est. pop., 15,428.	
Small-pox .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera (C) Plague (P) .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)	35	...	7	17	8	3	...	...	9	5	5	7	9	29
Erysipelas	36	...	...	...	1	11	12	12	12	7	3	7	7	5
Scarlet Fever.....	107	2	17	62	20	5	1	...	28	34	15	8	22	87
Typhus Fever .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	16	...	2	5	1	7	1	...	9	3	4	...	...	11
Para-Typhoid Fever	1	...	...	...	...	1	...	...	1	...	...	...	...	...
Relapsing Fever (R) Continued Fever (C) .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	3	...	...	...	1	2	...	...	3	...	...	...	...	...
Tuberculous Meningitis.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	101	...	...	9	22	43	21	6	51	20	4	6	20	...
Other forms of Tuberculosis	34	...	12	15	2	3	2	...	14	10	1	...	9	...
Chicken Pox	249	7	61	168	8	3	1	1	88	33	25	21	82	1
Measles	288	13	94	159	13	7	2	...	121	42	51	14	60	3
German Measles	23	...	5	11	7	...	...	...	1	4	10	2	6	...
Whooping Cough	292	18	152	116	2	3	1	...	100	87	16	29	60	1
Ophthalmia Neonatorum	11	11	...	...	...	...	...	...	3	2	...	3	3	...
Pneumonia	123	...	3	12	1	25	48	34	48	25	17	8	25	...
Influenzal Pneumonia	14	...	...	...	...	4	7	3	7	2	2	1	2	...
Dysentery Amoebic	1	...	...	...	...	1	...	...	1	...	...	...	...	...
Malaria	2	...	...	...	...	1	1	...	2	...	...	...	...	...
Encephalitis Lethargica	10	...	...	1	4	1	4	...	2	3	1	...	4	5
Totals	1346	51	353	575	90	120	101	56	500	277	154	106	309	142

TABLE III.

Causes of, and Ages at, Death during the Year 1924.

CAUSES OF DEATH.	NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT (a).										TOTAL DEATHS WHETHER OF "RESIDENTS", OR "NON- RESIDENTS" IN INSTITUTIONS IN THE DISTRICT (b).
	All ages.	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and up- wards		
I	2	3	4	5	6	7	8	9	10	11	
All Causes { Certified (c) Uncertified	978	53	20	15	10	28	99	231	522	...	
	28	6	...	...	...	...	2	9	11	...
1—Enteric Fever	1	...	..	...	...	...	1	...	...	...
2—Small Pox	...	...	...	...	...	...	...	...	...	...
3—Measles	3	...	3	...	...	...	...	...	...	...
4—Scarlet Fever	...	...	...	...	...	...	...	...	...	...
5—Whooping Cough	4	2	1	1	...	...	...	...	...	...
6—Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...
7—Influenza	34	1	...	...	...	2	5	10	16	...
8—Erysipelas	...	...	...	...	...	...	...	...	...	...
9—Phthisis (Pulmonary Tuberculosis)	66	...	...	...	3	12	30	16	5	15
10—Tuberculous Meningitis	8	2	...	5	...	...	...	1	...	3
11—Other Tuberculous Diseases	5	...	3	2	...	...	...	...	...	2
12—Cancer, malignant disease	103	...	...	...	...	...	7	49	47	4
13—Rheumatic Fever	8	...	...	...	2	1	...	3	2	1
14—Meningitis (See Note (d))	2	...	...	...	1	...	...	1	...	1
15—Organic Heart Disease	114	...	...	...	...	1	8	34	71	3
16—Bronchitis	89	7	4	2	...	...	2	12	62	2
17—Pneumonia (all Forms)	60	1	6	3	2	2	10	12	24	6	
18—Other diseases of respiratory organs	10	...	1	...	...	...	1	3	5	...
19—Diarrhoea & Enteritis (See Note (e))	4	3	1	...	...	...	...	...	...	1
20—Appendicitis and Typhlitis	4	...	...	...	...	...	2	1	1	2
21—Cirrhosis of Liver	4	...	...	...	...	...	...	2	2	...
21a—Alcoholism	1	...	...	...	...	...	...	1	...	...
22—Nephritis and Bright's Disease	20	...	...	...	...	...	3	9	8	4
23—Puerperal Fever	1	...	...	...	...	...	1	...	...	...
24—Other Accidents and Diseases of Pregnancy and Parturition	...	...	...	...	...	...	...	...	...	...
25—Congenital Debility and Malforma- tion, including Premature Birth	29	29	...	...	...	...	...	...	...	2
26—Violent Deaths, excluding Suicide	28	3	1	1	1	4	6	9	3	9	
27—Suicide	10	...	...	...	...	...	2	5	3	1
28—Other Defined Diseases	386	11	...	1	1	6	22	65	280	34	
29—Diseases ill-defined or unknown	12	...	...	...	...	...	1	7	4	...
	1006	59	20	15	10	28	101	240	533	90	

Sub-Entries	14 (a)	Cerebro-Spinal Meningitis
included	28 (a)	Poliomyelitis
in above figures.	*	
	28 (a)	Paratyphoid

TABLE IV.

COUNTY BOROUGH OF SOUTHPORT.

Infantile Mortality during the Year 1924.

Nett Deaths from stated Causes at Various Ages under One Year of Age.

(See Note (a) at Back).

CAUSES OF DEATH.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	1-3 months. months.	3-6 months. months.	6-9 months. months.	9-12 months. months.	Total Deaths under 1 year.
All causes { Certified Uncertified	22 2	3 ...	... ...	2 ...	27 2	7 2	6 2	8 ...	5 ...	53 6
Small-pox .....	...	...	...	...	...	...	...	...	...	...
Chicken-pox .....	...	...	...	...	...	...	...	...	...	...
Measles .....	...	...	...	...	...	...	...	...	...	...
Scarlet Fever.....	...	...	...	...	...	...	...	...	...	...
Whooping Cough .....	...	...	...	...	...	...	...	2	...	2
Diphtheria & Croup .....	...	...	...	...	...	...	...	...	...	...
Erysipelas .....	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis .....	...	...	...	...	...	1	1	...	...	2
Abdominal Tuberculosis (b) .....	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases .....	...	...	...	...	...	...	...	...	...	...
Meningitis (<i>not Tuberculous</i>) .....	...	...	...	...	...	...	...	...	...	...
Convulsions	2	1	...	...	3	1	1	...	...	5
Laryngitis .....	...	...	...	...	...	...	...	...	...	...
Bronchitis .....	...	...	...	...	...	2	1	2	2	7
Pneumonia (all forms) .....	...	...	...	...	...	...	...	...	1	1
Diarrhoea .....	...	...	...	...	...	...	...	...	...	...
Enteritis .....	...	...	...	...	...	...	...	1	1	2
Gastritis .....	...	...	...	...	...	...	1	...	...	1
Syphilis .....	...	...	...	...	...	...	...	...	...	...
Rickets .....	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying .....	...	...	...	...	...	...	1	...	...	1
Injury at birth	1	...	...	...	1	...	...	...	...	1
Atelectasis .....	...	...	...	...	...	...	...	...	...	...
Congenital Malformations (c)	3	1	...	...	4	1	1	...	1	7
Premature birth	13	...	...	1	14	...	...	...	...	14
Atrophy, Debility, & Marasmus	3	1	...	1	5	2	...	1	...	8
Other Causes	2	...	...	...	2	2	2	2	...	8
Totals.....	24	3	...	2	29	9	8	8	5	59

Nett Births registered during the calendar year {
 { legitimate 876
 { illegitimate 58

Nett Deaths registered during the calendar year {
 { legitimate.....51
 { illegitimate 8

Total 934

Total.....59

Death Rate 63.

Legitimate Death Rate 58, Illegitimate Death Rate 138.

TABLE V.

Showing the total number of Cases of Infectious Disease notified in the Borough, and the Deaths resulting therefrom, during the last 10 years (1915-1924).
It includes the Deaths which occurred both in the Borough, and in the Borough Infectious Diseases Hospital (outside the Borough).

	NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED.											DEATHS FROM INFECTIOUS DISEASE.											
	1915.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	Total Cases for 10 years, 1915 to 1924.	1915.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	Total Deaths during 10 years 1915 to 1924.	Case Mortality (of all cases) in Borough-and Borough Hospital for 10 years, 1915 to 1924
Scarlet Fever.....	309	150	127	68	119	199	129	168	101	107	1477	6	1	3	2	1	...	...	2	...	...	15	1.02%
Small Pox .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	69	83	41	49	69	41	109	42	37	35	575	8	15	3	3	6	2	5	1	1	...	44	7.65%
Typhus .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhoid Fever	7	7	3	9	7	8	13	2	7	16	79	...	...	1	2	1	1	3	...	...	1	9	11.39%
Para-Typhoid Fever .....	...	1	...	3	...	...	1	...	2	1	8	...	...	...	...	...	...	...	...	1	...	1	12.50%
Continued Fever .....	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	43	32	25	30	41	52	23	30	22	36	334	...	..	2	2	...	1	1	...	3	...	9	2.69%
Puerperal Fever	6	3	3	4	3	6	5	1	1	3	35	1	1	2	...	...	2	1	...	...	1	8	22.86%
Cerebro-Spinal Meningitis ...	...	1	...	...	...	...	...	2	1	...	4	1	...	...	...	...	...	...	...	...	...	1	...
Poliomyelitis .....	...	1	...	...	...	3	1	1	1	...	7	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis ...	89	145	98	148	98	91	80	104	87	101	1041	49	47	58	51	61	44	42	43	52	65	512	49.18%
Other forms of Tuberculosis...	46	40	41	44	21	29	34	23	32	34	344	10	11	18	12	14	8	10	8	16	13	120	34.88% ^c
Ophthalmia Neonatorum ...	7	14	14	12	23	20	12	7	6	11	126	...	...	...	...	...	...	...	...	...	...	...	...
*Chicken Pox	376	369	407	327	269	426	412	119	307	249	3261	...	...	...	...	...	...	...	...	...	...	...	...
*Measles	685	1062	318	862	125	499	890	170	1064	288	5963	4	21	1	4	1	2	2	1	9	2	47	0.79%
German Measles .....	...	73	142	55	43	44	53	26	16	23	475	...	...	...	...	...	...	...	...	...	...	...	...
*Whooping Cough	588	122	381	238	79	262	293	208	121	292	2584	5	...	4	3	2	3	5	9	...	4	35	1.35%

The following additional notifications were received:—Pneumonia and Bronchial-Pneumonia, 123; Influenzal Pneumonia, 14; Encephalitis Lethargica, 10 (1 Death).
Amoebic Dysentery, 1; Malaria, 2.

* Chicken Pox, Measles, and Whooping Cough were made compulsorily notifiable in Southport in May, 1902, and Cerebro-Spinal Meningitis, Poliomyelitis, and Ophthalmia Neonatorum in February, 1912.

TABLE VI.—Cases of certain Infectious Disease treated in the Borough Infectious Diseases Hospitals during the last 10 years, 1915 to 1924.

	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	Totals for the Ten years, 1915 to 1924
	x	x	x	x	x						
Scarlet Fever.....	275	118	102	54	90	140	94	125	84	87	1169
Small Pox .....	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	48	49	31	34	53	31	84 ^o	34	29	29	422
Typhoid Fever	4	3	1	6	1	4	8	...	1	12	40
Erysipelas	2	2	3	2	4	4	5	4	3	5	34
Puerperal Fever	1	...	2	2	1	3	4	...	...	...	13
Measles	10	3	3	4	1	2	17	2	5	3	50
German Measles .....	...	...	...	...	2	...	1	...	...	...	3
Chicken Pox .....	...	1	...	...	1	1	...	...	...	1	4
Cerebro-Spinal Meningitis	2	...	...	1	...	1	...	...	...	...	4
Ophthalmia	2	3	...	4	10	5	...	3	...	...	27
Neonatorum Totals	344	179	142	107	163	191	213	168	122	137	1766
Miscellaneous Cases	254	78	42	8	15	22	20	10	9	22	480
Pneumonia .....	...	...	...	...	1	1	...	1	1	...	4
Influenzal Pneumonia	...	...	...	12	...	...	...	...	...	...	12
Tuberculosis	34	41	37	46	53	45	50	48*	52*	50	456
	632	298	221	173	232	259	283	227	184	209	2718

* Including 10 cases from outside the District.

o Including two imported cases.

A Scabies, 9 ; Encephalitis Lethargica, 5.

x Including Military Cases.

DEATHS AMONG THE ABOVE.

Scarlet Fever.....	7	1	3	2	1	...	...	1	1	...	16
Small Pox .....	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	3	8	2	1	4	1	5†	...	2†	...	26
Typhoid Fever .....	...	...	...	...	...	1	1	...	...	1	3
Puerperal Fever .....	...	...	1	...	...	...	1	...	...	...	2
Measles .....	...	...	...	...	...	...	...	...	1	...	1
Ophthalmia Neonatorum .....	...	...	...	1	...	...	...	...	...	...	1
Tuberculosis	6	10	10	17 ^o	7 ^o	14 ^o	5	6 ^o	15 ^o	8 ^o	98
Pneumonia .....	...	...	...	5	...	...	...	...	...	...	5
Erysipelas .....	...	...	...	...	1	...	1	...	...	...	2
Infantile Diarrhoea	...	...	...	...	...	1	...	...	...	...	1
Tuberculous Meningitis	...	...	...	...	...	...	...	...	1	...	1
Encephalitis Lethargica .....	...	...	...	...	...	...	...	1	...	1	2
Totals	16	19	16	26	13	17	13	8	19	10	158

† Including one non-resident of Southport.

o Including 3 non-residents of Southport in 1918, 2 in 1919, 3 in 1920, 1 in 1922, 0 in 1923 and 1 in 1924.



TABLE VIII.

Vital Statistics.—Enlarged Borough of Southport (including Southport, Birkdale, and Ainsdale).

NOTE —The figures given in this Table, except in columns distinguished as “native” or “local,” are gross figures, without correction, and on that account may in some cases be found to differ from the figures given in Tables I. to IV., which are corrected in accordance with the requirements of the Ministry of Health, as stated in the notes appended to them.

YEAR.	BIRTHS.		DEATHS.					DEATHS FROM																	Deaths in Public Institutions.	Deaths under One Year of Age to 1000 Births.	DEATHS OF PERSONS AGED,						ANNUAL RATES PER THOUSAND LIVING.							Population. (Estimated to Middle of Year.
	Male.	Female.	Male.	Female.	Resident more than One Year.	Resident less than One Year.	Bad Lives Imported	Seven Zymotic Diseases.	Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea	Cholera and Choleraic Diarrhoea	Diseases of the Respiratory Organs.	Phthisis.	Violence.	Imported Phthisis.	Imported Diseases of Respiratory Organs.	0—1.	1—5.	5—15.			15—25.	25—60.	60 and upwards.	Births.	Deaths, Gross.	Deaths, Local.	Deaths, Zymotic.	Deaths, Native Phthisis.	Deaths, Diseases of Respiratory Organs, Gross.	Deaths, Diseases of Respiratory Organs, Local.				
1912	526	502	430	459	787	102	88	22	—	6	1	10	3	2	—	—	129	55	25	12	11	87	77	79	38	33	23	259	457	14.55	12.58	11.34	.31	.61	1.83	1.67	70,640			
1913	524	539	406	480	791	95	87	38	—	3	1	2	5	1	26	—	137	52	26	9	14	73	92	98	30	14	31	249	464	14.95	12.46	11.24	.53	.60	1.93	1.73	71,092			
1914	505	511	449	525	886	88	64	33	—	10	1	5	8	1	8	—	178	50	23	7	9	100	104	106	49	23	23	264	509	14.16	13.58	12.68	.46	.60	2.48	2.36	71,747			
1915	486	491	456	574	932	98	77	26	—	5	6	8	5	—	2	—	164	49	31	7	5	85	90	88	46	35	35	293	533	†13.63	15.20	14.06	.38	.62	2.42	2.35	67,700			
1916	513	495	441	505	851	95	72	41	—	21	1	15	—	—	4	—	142	47	24	8	11	79	83	84	52	32	25	245	508	†14.06	14.12	13.04	.61	.58	2.19	1.96	67,000			
1917	390	395	378	517	806	89	72	13	—	—	3	3	4	1	2	—	130	51	25	6	13	83	80	63	44	28	30	234	496	†10.95	13.56	12.47	.20	.68	2.00	1.77	66,000			
1918	404	372	465	579	927	117	83	22	—	4	2	3	3	2	8	—	148	51	16	13	14	88	61	47	55	45	64	335	498	†10.82	15.79	14.56	.33	.58	2.24	2.03	66,000			
1919	446	431	476	562	961	77	60	24	—	2	1	6	2	1	12	—	160	51	30	1	10	103	93	82	36	26	53	332	509	†12.23	14.83	14.01	.33	.71	2.29	2.14	70,000			
1920	662	597	438	477	889	26	17	14	—	2	—	1	3	1	7	—	125	46	28	7	15	87	54	68	22	24	33	282	486	†17.23	13.07	12.11	.20	.56	1.79	1.57	70,000			
1921	554	566	411	483	874	20	16	25	—	2	—	6	5	2	10	—	129	38	26	7	2	96	66	74	29	15	34	244	496	†15.58	12.43	12.21	.35	.43	1.79	1.77	71,900			
1922	538	468	441	501	927	15	15	18	—	1	2	1	9	—	5	—	163	42	32	3	1	92	59	59	32	19	43	243	546	13.97	13.78	12.87	.25	.54	2.26	2.25	72,020			
1923	514	498	438	502	929	11	10	20	—	9	—	2	—	—	9	—	159	55	26	7	8	98	63	64	40	14	26	250	546	13.98	12.98	12.84	.28	.66	2.20	2.09	72,410			
1924	505	447	431	546	959	18	16	11	—	2	—	—	5	1	3	—	155	65	32	9	11	95	63	56	35	12	31	253	590	12.93	13.26	13.02	.15	.76	2.10	1.95	73,650			

† See Ministry of Health Table I

(For the years 1871-1911 see Report for year 1915).

TABLE IX.—VENEREAL DISEASES.

RETURN relating to all persons who were treated at the Treatment Centre at Southport during the year ended the 31st December, 1924.

	Syphilis.		Soft Chancre.		Gonorrhoea.		Conditions other than Venereal.		TOTAL.	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
1. Number of persons who, on the 1st January, 1924, were under treatment or observation for :—	101	60	—	—	97	79	4	1	202	140
2. Number of persons dealt with during the year in the out-patient Clinic for the first time and found to be suffering from :—										
Syphilis only.....	29	21	—	—	—	—	—	—	29	21
Soft chancre only.....	—	—	—	—	—	—	—	—	—	—
Gonorrhoea only	—	—	—	—	64	29	—	—	64	29
Syphilis and soft chancre	2	—	2	—	—	—	—	—	4	—
Syphilis and gonorrhoea	7	4	—	—	7	4	—	—	14	8
Gonorrhoea and soft chancre	—	—	—	—	—	—	—	—	—	—
Syphilis, soft chancre and gonorrhoea	—	—	—	—	—	—	—	—	—	—
Conditions other than venereal.....	—	—	—	—	—	—	43	5	43	5
TOTAL—Item 2.....	38	25	2	—	71	33	43	5	154	63
TOTAL—Items 1 and 2.....	139	85	2	—	168	112	47	6	356	203
3. Number of persons who ceased to attend the out-patient Clinic										
(a) before completing the first course of treatment for	3	3	—	—	6	2	—	—	9	5
(b) after one or more courses but before completion of treatment for ...	6	—	—	—	—	—	—	—	6	—
(c) after completion of treatment, but before final tests as to cure of	9	4	—	—	9	6	—	—	18	10
4. Number of persons transferred to other Treatment Centres after treatment	4	1	—	—	15	5	2	—	21	6
5. Number of persons discharged from the out-patient Clinic after completion of treatment and observation for	25	14	—	—	37	25	38	—	100	39
6. Number of persons who, on the 1st January, 1925, were under treatment or observation for	92	63	2	—	101	74	7	6	202	143
TOTAL—Items 3, 4, 5, and 6.....	139	85	2	—	168	112	47	6	356	203
7. Out-patient attendances :—										
(a) For individual attention by the Medical Officer	950	807	25	—	1608	692	117	41	2700	1540
(b) For intermediate treatment, e.g., irrigation, dressings, etc.	74	20	—	—	2031	2035	16	20	2121	2075
Total attendances.....	1024	827	25	—	3639	2727	133	61	4821	3615
8. Aggregate number of “ In-patient days ” of treatment given to persons who were suffering from	158	249	—	—	410	483	—	14	568	746

9. Examinations of Pathological material :—	For detection of				For Wassermann Reaction.
	Spirochetes.	Gonococci.	Other Organisms.		
			Southport.	Manchester.	
(a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre	—	—	—	—	—
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory...	5	21 G.F.T. 576	17	5 C.S.F. 507	5 C.S.F. 507

